16-5

REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE May 1996	3. REPORT TYPE AND FINAL	DATES COVERED
4. TITLE AND SUBTITLE			5. FUNDING NUMBERS
Direct Current Reduces Wound Edem	a After Full-Thickness Burn	Injury in Rats	

6. AUTHOR(S)

Chi-Sing Chu, Natalia P. MAtylevich, Albert T. McManus, Arthur D. Mason, Jr., and Basil A. Pruitt, Jr.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

US Army Institute of Surgical Research Fort Sam Houston, Texas 78234

8. PERFORMING ORGANIZATION REPORT NUMBER

3M161102B514

9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)

US Army Medical Research and Materiel Command Fort Detrick Frederick, MD 21702 10. SPONSORING / MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

Published in: The Journal of Trauma 40(5): 738-742 May, 1996

12a. DISTRIBUTION / AVAILABILITY STATEMENT

12b. DISTRIBUTION CODE

APPROVED FOR PUBLIC RELEASE DISTRIBUTION UNLIMITED

Α

13. ABSTRACT (Maximum 200 words)

20001024 111

Objective: To observe the effect of 4 and 40 μ A direct current (DC) on edema formation after burn injury in rats.

Design, Materials, and Methods: Silver-nylon wound dressings were used as either anodes (-) or cathodes (+) on 20% total body surface area full-thickness scalds in anesthetized male Sprague-Dawley rats. Untreated burned rats and rats treated with silver-nylon dressings without current were used as controls

Measurements and Main Results: Immediately applied, continuous DC reduced burn edema by 17 to 48% at different times up to 48 hours postburn (p < 0.001). Neither reversal of electrode polarity nor change in current density had any significant effect on the results of treatment. Starting treatment during the first 8 hours postburn produced the least edema accumulation, but the reduction was significant even when DC was applied 36 hours afterburn. If started immediately after injury, treatment had to be continued a minimum of 8 hours to be most effective.

Conclusions: Direct electric current has a beneficial effect in reducing wound edema after burn injury.

	ensity; dessication; direct current; electrode polarity; full-thickness 5		
scald; edema accumulation			16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT UNCLASSIFIED	18. SECURITY CLASSIFICATION OF THIS PAGE UNCLASSIFIED	19. SECURITY CLASSIFICATION OF ABSTRACT UNCLASSIFIED	20. LIMITATION OF ABSTRACT

Direct Current Reduces Wound Edema after Full-Thickness Burn Injury in Rats

Chi-Sing Chu, MD, Natalia P. Matylevich, PhD, Albert T. McManus, PhD, Arthur D. Mason, Jr., MD, and Basil A. Pruitt, Jr., MD

Objective: To observe the effect of 4 and 40 μA direct current (DC) on edema formation after burn injury in rats.

Design, Materials, and Methods: Silver-nylon wound dressings were used as either anodes (-) or cathodes (+) on 20% total body surface area full-thickness scalds in anesthetized male Sprague-Dawley rats. Untreated burned rats and rats treated with silver-nylon dressings without current were used as controls.

Measurements and Main Results: Immediately applied, continuous DC reduced burn edema by 17 to 48% at different times

pathophysiology of postburn edema formation is not completely understood. However, there are many reports that reduction of burn wound edema can be accomplished using physical, biochemical, humoral, and cellular mediators (cold, 1,2 catalase, superoxide dismutase, 3 free radical scavengers, 4 platelet activating factor antagonist, 5 ganglionic blocking agents, 6 connective tissue hydrolytic enzymes, hyaluronidase, 7 or vitamin C8). In the past few years, we have reported antimicrobial and wound healing effects of direct current (DC). 9-11 This paper presents data on the changes in wound edema attending application of DC of different intensity and polarity to full-thickness scald burns.

Previous experiments have shown that after 48 hours postburn (PB), desiccation, coagulation, and inflammation developing in full-thickness burns influence edema volume, therefore, observations during the first 48 hours were emphasized.

MATERIALS AND METHODS

Animal Model

A total of 1,860 male Sprague-Dawley rats of 225 g average weight were used. Rats were anesthetized with sodium pentobarbital (38 mg/100 g of body weight) administered intraperitoneally, then were clipped and depilated. Full-thickness

From the United States Army Institute of Surgical Research, Fort Sam Houston, Texas.

The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense.

In conducting the research described in this report, the investigators adhered to the Animal Welfare Act and other Federal statutes and regulations relating to animals and experiments involving animals and with the *Guide for the Care and Use of Laboratory Animals*, National Institutes of Health Publication 85–23.

This paper was presented at the 13th Annual Meeting of Bioelectrical Repair and Growth Society, 11 October, 1993, Dana Point, California.

Address for reprints: US Army Institute of Surgical Research, Library Branch, 2322 Harney Road, Fort Sam Houston, Texas 78234-6315.

up to 48 hours postburn (p < 0.001). Neither reversal of electrode polarity nor change in current density had any significant effect on the results of treatment. Starting treatment during the first 8 hours postburn produced the least edema accumulation, but the reduction was significant even when DC was applied 36 hours afterburn. If started immediately after injury, treatment had to be continued a minimum of 8 hours to be most effective.

Conclusions: Direct electric current has a beneficial effect in reducing wound edema after burn injury.

dorsal scald wounds of 20% of the total body surface area (TBSA) were produced by exposure to boiling water (100°C) for 10 seconds using a Walker-Mason template. ¹² All animals were kept in individual cages in the animal intensive care unit (temperature $78^{\circ}-80^{\circ}$ F, relative humidity \sim 50%) and were allowed food and water ad libitum. No resuscitation was given. All animals recovered uneventfully.

Direct Current Exposure

The wounds were covered with silver–nylon cloths soaked in physiologic saline (wet silver–nylon (SN)) that served as electrodes (anode (–) or cathode (+)). The counter electrode (silver–nylon) was placed on the shaved abdomen. Isolated wires were clipped to the center of the dressings and connected to a previously described direct current source 13 supplying eight sets of circuit connections. Constant direct current (–4, –40, or +40 μ A) was applied to the burn wounds continuously. Voltage fluctuation was less than 1 Volt. Limitation of animal activity inside the cages was minimal during treatment.

Experimental Groups

Three sets of experiments were performed. In the first set, continuous direct current was started immediately postburn (PB). Edema was measured at 15 minutes, 30 minutes 1, 2, 3, 4, 6, 8, 12, 24, 36, or 48 hours PB in all control and DC treated groups as listed in Table 1.

The second set, as shown in Table 2, included two series of experiments. In the first series, SN was applied immediately PB and DC was started at 30 minutes, 1, 2, 3, 4, 6, 8, 12, 24, or 36 hours PB and edema was measured at 48 hours. In the second series, SN was applied immediately PB and continuous DC was started at 12 hours PB and maintained during the remaining times before edema measurements. Edema was measured 15 minutes, 1, 2, 4, 6, 8, 12, 24, or 36 hours after

TABLE 1. Experimental groups for edema study of full-thickness burns in rats when direct current applied immediately postburn a

Group	Description	No. of Rats
Controls		
Nonburn control	Nonburned skin	30
Burn control	Burn only	390
Wet silver-nylon control (SN)	Burn + SN + saline	390
Treatments		
−40 μA DC	Burn + $-40 \mu A$ DC	140
-4 μA DC	Burn + $-4 \mu A$ DC	130
+40 μA DC	Burn + $+40 \mu A$ DC	130

a First set of the experiment.

DC = direct current; SN = silver-nylon.

DC application. In the control (wet SN) group, edema was measured 11 times from 30 minutes to 48 hours PB.

In the third set, DC applied immediately PB was disconnected at 1, 2, 4, 6, 8, 10, 12, 24, or 36 hours PB (with SN remaining on the wound), and edema measurements were done at 48 hours PB. Edema measured at 48 hours PB without DC applied was used as control. Experimental groups are listed in Table 3.

Edema Measurements

At intervals of up to 120 hours after injury, the rats were reanesthetized, and the entire burn wound, including the panniculus carnosus, was excised, immediately was weighed (wet weight, W), and then was dried to constant weight (dry

TABLE 2. Experimental groups for edema study of full-thickness burns in rats when direct current application $delayed^a$

Group	Description	No. of Rats
Controls Wet silver-nylon control Treatments	Burn + SN + saline	110
Series 1 $-40~\mu A$ DC $-4~\mu A$ DC $+40~\mu A$ DC Series 2	Burn + $-40~\mu\text{A}$ DC Burn + $-4~\mu\text{A}$ DC Burn + $+40~\mu\text{A}$ DC	110 110 110
-40 μA DC	Burn + $-40~\mu\text{A}$ DC begun at 12 hours PB	80

^a Second set of the experiment.

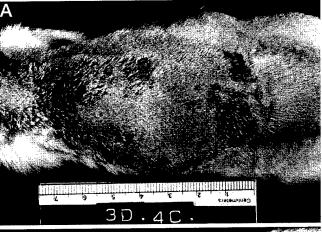
DC = direct current; SN = silver-nylon.

TABLE 3. Experimental groups for edema study of full-thickness burns in rats at 48 hours afterburn when direct current application disconnected at various times^a

Group	Description	No. of Rats
Controls		
Wet silver-nylon control	Burn + SN + saline	10
DC control	Burn + $-40~\mu$ A DC for 48 hours	10
Treatments		
$-40~\mu$ A DC	Burn + -40 μA DC	110

a Third set of the experiment.

DC = direct current; SN = silver-nylon.



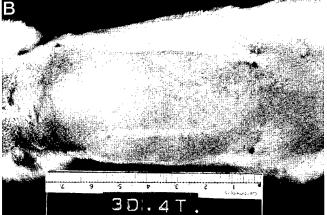


FIG 1. Full thickness scald wound at 3 days afterburn in rats. (A) untreated control; (B) rat was treated with $-40~\mu A$ direct current.

weight, D) in an electric oven for 4 days at 70°C. After skin samples were taken, the rats were given an overdose of an intravenous injection of sodium pentobarbital (40 mg). Ten animals were utilized for edema analysis at each examined time of each experimental control or DC treated group.

Wound edema (E) was analyzed as excess water per gram of unburned dorsal skin (milliliters per gram).

$$E=\frac{W_b-W_n}{W_n},$$

where W_n and W_b are wet weight of normal and burned skin, respectively. Assuming that dry skin weight does not change after injury

$$E = \frac{W_b}{W_n} - 1 = \frac{P_n}{P_b} - 1,$$

where P_n and P_b are dry to wet weight ratio (P = D/W) for normal and burned skin, respectively.

RESULTS

Gross Examination

Gross examination of the full-thickness burn wounds showed a difference in edema formation between the untreated and DC treated animals. On day 3 postburn, edema in control wounds (Fig. 1A) was more obvious than in wounds treated

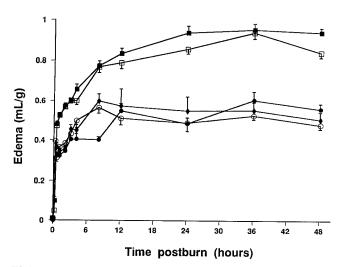


FIG 2. Edema (mL/g of unburned skin) in full-thickness burn covering 20% total body surface area in scalded, untreated rats (filled squares); rats treated with wet silver-nylon dressing (open squares); rats treated with $-4~\mu A$ (diamonds), or $-40~\mu A$ (open circles), or $+40~\mu A$ DC (filled circles). Plotted values are mean \pm SEM. p < 0.001 at any time after 0.5 hours postburn.

with $-40 \mu A$ DC (Fig. 1B). Small areas of desiccated eschar were seen on the surfaces of the control wounds but not on the DC treated wounds.

Edema Assay

Immediate Treatment (First Set)

Water contained in the nonburned skin of male white Sprague-Dawley rats weighing 225 \pm 25 grams was 67.090% \pm 0.333% (n = 30).

Figure 2 shows the kinetic curves of wound edema accumulation up to 48 hours PB in two control groups of burned rats without treatment or treated with wet SN dressing. Edema increased rapidly in the first 30 minutes (0.45 mL/g), gradually approached a maximal level (0.95 mL/g) at 36 hours PB, and then decreased. There was no significant difference in edema fluid accumulation between the two control groups (p > 0.3, 30 rats per each time point in each control group).

In the DC treated groups (Fig. 2), mean fluid content increased by 0.32 to 0.37 mL/g in the first half-hour PB and reached a maximal level by 8 to 12 hours PB (\sim 0.60 mL/g). Application of DC significantly reduced wound edema at and after 0.5 hours PB by 17 to 48% (p < 0.001 when compared with SN control group) and this effect was similar in all DC treated groups (10 rats per time point per treatment).

After 48 hours PB, edema accumulation was obviously influenced by wound coagulation, desiccation, and inflammation. Results varied and were non-comparative among the

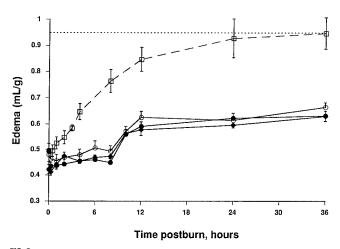


FIG 3. Lower three curves show edema at 48 hours after burn in rats treated with $-40~\mu\text{A}$ (open circles), or $-4~\mu\text{A}$ (diamonds), or $+40~\mu\text{A}$ DC (filled circles) applied with different lengths of delay after injury. (Dotted line) Edema of untreated control rats 48 hours after injury. p < 0.001 at any time. Upper curve shows the amount of edema in control (wet SN) burn wound (open squares) at each time DC application begun. Plotted values are mean \pm SEM.

three DC treated groups. Continuous DC application, however, was still effective at 72, 96, and 120 hours PB, causing 26 to 49% reduction of edema at the times measured (p < 0.001) if compared with SN control group). These data are listed in Table 4.

Delayed Application of DC (Second Set)

First series. Since continuous application of constant direct current beginning immediately after burn had pronounced effects, experiments were done to determine the effect of delaying treatment. In Fig. 3, the lower three curves show the amount of edema in the burn wound 48 hours PB when DC $(-4, \text{ or } -40, \text{ or } +40 \mu\text{A})$ was applied at different times PB (15 minutes to 36 hours) and maintained for the rest of the initial 48-hour PB interval. The DC reduced fluid accumulation in all of these wounds compared with SN control group (dotted line, p < 0.001). Direct current treatment started at any time within the first 8 hours was as effective as current applied immediately after injury (42 to 51% reduction of edema). When DC treatment was begun at 12 to 36 hours after injury, edema was reduced by 21 to 33%.

The upper curve in Fig. 3 shows the amount of edema fluid of control burn wounds (wet SN dressing) at each time the current application begun. At each time point, differences between the upper curve and the lower three curves equal the amount of edema fluid reduced (18 to 51%) during the period between the time of DC application and 48 hours PB.

Time PB (hours)	BO Mean ± (SEM) (mL/g)	SN Mean ± (SEM) (mL/g)	$-40~\mu\text{A}^a$ Mean \pm (SEM) (mL/g)	$-4 \mu A^a Mean \pm (SEM)$ (mL/g)	$+40~\mu\text{A}^a~\text{Mean}~\pm~\text{(SEM}$ (mL/g)
72	0.762 (0.019)	0.657 (0.023)	0.420 (0.021)	0.474 (0.019)	0.401 (0.028)
96	0.649 (0.021)	0.614 (0.023)	0.432 (0.014)	0.341 (0.029)	0.367 (0.033)
120	0.609 (0.019)	0.542 (0.020)	0.400 (0.015)	0.277 (0.021)	0.378 (0.017)

 $^{^{}a}$ p < 0.001 compared with burn control and wet silver-nylon control.

PB = post burn; BO = burn only control; SN = silver-nylon.

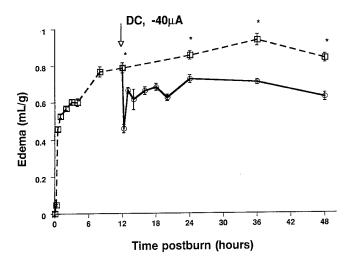


FIG 4. Edema of 20% total body surface area full-thickness burn in rats treated with SN (*open squares*) or $-40~\mu$ A DC applied after a 12-hour delay (*open circles*). Plotted values are mean \pm SEM (* = p < 0.001).

Second series. To measure time characteristics of the DC effect, the kinetics of edema formation were observed after application of $-40~\mu A$ DC at 12 hours PB. These data are presented in Fig. 4. Current caused reabsorption of 42% of accumulated edema fluid as early as 15 minutes after application and then maintained the edema fluid level at approximately 0.66 mL/g of unburned tissue weight at all time points after the 15-minute mark.

Treatment Time Dependency (Third Set)

Experiments were done to ascertain how long DC application was required for sustained effect. A current of $-40~\mu A$ DC was applied immediately after burn and discontinued at selected PB times (15 minutes to 36 hours). Water content was measured 48 hours PB. These data are presented in Fig. 5 and show that DC treatment continued for 8 to 12 hours after burn and then disconnected, produced approximately the same effect on edema as continuous treatment for 48 hours. Shorter applications produced less effect.

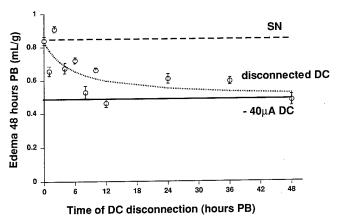


FiG 5. Edema at 48 hours after burn in rats treated with $-40~\mu A$ DC applied immediately after burn and disconnected at different times (open circles and dotted line). Plotted values are mean \pm SEM. Edema level at 48 hours after injury of rats treated with $-40~\mu A$ DC (solid line). p < 0.001 (disconnected DC vs. SN) at any time except 1 hour after burn.

DISCUSSION

The phenomenology and pathophysiology of burn wound edema have been extensively studied. 14-17 The widely differing rates of water accumulation reported in burn wounds may be explained by differences in animals, burn wound models, and animal care. We used full-thickness scald burns in rats as a model. Previous experiments have shown that after 48 hours postburn coagulation, desiccation and inflammation occurring in full-thickness burns influence experimental results; therefore, observations during the first 48 hours after injury were emphasized. To avoid variation caused by environmental factors, all experimental animals were monitored at standard temperature and humidity in individual cages in the animal intensive care unit.

Analysis of fluid accumulation in the control groups showed that silver–nylon alone did not affect edema formation (Fig. 2). In both control groups (burn only and wet SN) the rate of edema accumulation was highest in the first half-hour PB and then dropped tenfold, but further accumulation of edema continued until 36 hours PB. Direct current reduced edema in such wounds by 17 to 48% at the times measured, and accumulation of edema fluid in treated wounds ceased at 8 to 12 hours PB. The differences among DC treatment groups were small. The effects of DC treatment were polarity independent, and 4 μ A per total wound area (0.1 μ A/cm²) produced the same effect as 40 μ A (1 μ A/cm²) current. These results are consistent with our observations of wound healing in deep second degree burns. ¹¹

It was necessary to continue treatment for at least 8 hours after injury or to start treatment no later than 8 hours PB to achieve maximal reduction of edema accumulation. Earlier disconnection or later application reduced the effect of the treatment, though significant reductions of edema were still observed. The effect of delayed treatment is intriguing: only two levels of DC effect were seen, a reduction of approximately 45% with 0 to 8 hours delay, and approximately 25% with delays of 12 to 36 hours. This finding suggests the possibility that two independent mechanisms involved in edema formation may be affected by DC, one early and the other later and more prolonged. Applying current at any time between 0 and 8 hours after burn inhibits both early and late edema accumulation, while later application affects only the more prolonged phase.

On the basis of these data, we cannot determine whether the decrease of edema in the early phase (0–8 hours PB) is caused by a reduction in extravasation, enhanced reabsorption, or both (Figs. 3 and 4). To determine that, experiments with labeled plasma components would be necessary. It is clear, however, that DC application reduces edema volume when initiated between 12 and 48 hours PB, and that this effect develops within 15 minutes after treatment is started (Fig. 4). The experiment with application of DC at 12 hours PB was repeated with a smaller number of animals. The results were the same at 15 minutes after application of DC as the first series. We do not know yet how to explain this interesting finding, but it is beyond a doubt worth further study.

CONCLUSIONS

- 1. Immediate and continuous application of -40, -4, or $+40~\mu A$ direct current through silver–nylon dressings reduced edema fluid accumulation in full-thickness burn wounds. At least 8 hours of treatment was required to achieve a sustained maximum effect.
- 2. The effect of direct current on burn wound edema was independent of electrode polarity and appears to be independent of current density above level of $0.1 \ \mu\text{A/cm}^2$.
- 3. Edema was reduced if DC application was delayed as much as 36 hours afterburn. The greatest reduction of edema occurred when DC treatment was begun within 8 hours after burn, and continued through the remainder of the 48-hour study period.

REFERENCES

- Demling RH, Mazess RB, Wolberg W: The effect of immediate and delayed cold immersion on burn edema formation and resorption. J Trauma 19:56, 1979
- de Camara DL, Raine T, Robson MC: Ultrastructural aspects of cooled thermal injury. J Trauma 21:911, 1981
- Kawai S, Komura J, Asada Y, et al: Experimental burninduced changes in lipid peroxide levels, and activity of superoxide dismutase and glutathione peroxidase in skin lesions, serum, and liver of mice. Arch Dermatol Res 280:171, 1988
- Kaufman T, Neuman RA, Weinberg A: Is postburn dermal ischemia enhanced by oxygen free radicals? *Burns* 15:291, 1989
- Ono I, Gunji H, Hasegawa T, et al: Effect of a platelet activating factor antagonist on oedema formation following burns. Burns 19:202, 1993
- Carvajal HF, Brouhard BH, Linares HA: Effect of antihistamine-antiserotonin and ganglionic blocking agents

- upon increased capillary permeability following burn trauma. *J Trauma* 15:969, 1975
- Brown WL, Bowler EG, Mason AD, Jr., et al: Edema formation in burned rats. In US Army Institute of Surgical Research Annual Progress Report, 1985, pp 259-287
- Matsuda T, Tanaka H, Williams S, et al: Reduced fluid volume requirement for resuscitation of third-degree burns with high dose vitamin C. J Burn Care Rehabil 12:525, 1991
- Chu CS, McManus AT, Pruitt BA, Jr., et al: Therapeutic effects of silver–nylon dressing with weak direct current on Pseudomonas aeruginosa infected burn wounds. J Trauma 28:1488, 1988
- Chu CS, McManus AT, Mason AD, Jr., et al: Multiple graft harvesting from deep partial-thickness scald wound healed under the influence of weak direct current. *J Trauma* 30:1044, 1990
- Chu CS, McManus AT, Mason AD, Jr., et al: Weak direct current accelerates split-thickness graft healing on tangentially excised second degree burns. *J Burn Care Rehabil* 12:285, 1991
- 12. Walker HC, Mason AD, Jr.: A standard animal burn. J Trauma 8:1049, 1968
- Schmalzel JR, Chu CS, McManus AT: Constant current and constant voltage simulators for wound healing studies. In Proceedings of the 8th Annual Conference of The IEE/Engineering in Medicine and Biology Society, 1986, pp 1482–1484
- 14. Baxter CR: Fluid volume and electrolyte changes of the early postburn period. *Clin Plast Surg* 1:693, 1974
- Arturson G, Jonsson CE: Transcapillary transport after thermal injury. Scand J Plast Reconstruct Surg 13:29, 1979
- 16. Davies JWL: Physiological Responses to Burning Injury. London, Academic Press, 1982, pp 56-61
- 17. Demling RH: Burns. In Staub NC, Taylor AE (eds): *Edema*. Raven Press, New York, 1984, pp 579–600
- Sevitt S: Early and delayed oedema and increase in capillary permeability after burns of the skin. J Path Bact 75:27, 1958
- Zawacki BE: The natural history of reversible burn injury. Surg Gynecol Obstet 139:867, 1974